STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E & J Adult Residential Care Home	CHAPTER 100.1
Address: 74-797 Uluaoa Street, Kailua-Kona, Hawaii 96740	Inspection Date: February 14, 2020 – Annual
Tawan 70/40	

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

F 3	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\boxtimes	§11-100.1-9 Personnel, staffing and family requirements.	PART 1	Date
	The substitute care giver who provides coverage for a period less than four hours shall:	DID YOU CORRECT THE DEFICIENCY?	2/15/20
	Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	FINDINGS Substitute care giver (SCG) #1 and #2, no care giver training provided by the primary caregiver to administer medications.	Yes the next day after my inexection, I fook the form PCG 45CG 1 and frained care given #1 and #2. I demonstrated to them the correct way of administering	
		medications to residents applying the fine rights in giving medications. I talk them the importance of not making an mistake applicably when it comes to medicate avoid confusion, I talk them to med	itions.
		to return the medicines back to the	
		before doing another client.	·~

 RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\$11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. FINDINGS Substitute care giver (SCG) #1 and #2, no care giver training provided by the primary caregiver to administer medications.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? In order for me not to repeat this par mistake again, I will do these things: a) I will read my list of deficiencies at least once a month and to repeal my memory. b) I will read my plan of correction an put it into action. c) I will frain my case given righters see fore they start the job, Orient them and trained them the necessary (basic skills including a dministering medical).	2/15/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Complet
		TENT OF CORRECTION	Completion
	§11-100.1-14 Food sanitation. (c)	PART 1	Date
	Refrigerators shall be equipped with an appropriate	IAKI I	
	thermometer and temperature shall be maintained at 45°F or lower.	DID YOU CORRECT THE DEFICIENCY?	2/16/20
	FINDINGS		
	Kitchen refrigerator thermometer read 42°F. However, digital thermometer read 52°F.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
!	alguar the monteter read 32 · r.	Uses. I ment to Wal-Mart and how	
		two (2) new reprigerator thermometer	
		Yes. I ment to Wal-Mart and buy two (2) new refrigerator thermometer I took the old one out and put the	•
		new one in. The second Hermometer,	
		Quant to check the said	
		I use it to check the new one, is	
		They regular file same relating, then	
:		they register the same reading, then I know for sure, that the temperature in the refrigerator is accurate.	?
		in the refugliator is accurate.	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-100.1-14 Food sanitation. (c) Refrigerators shall be equipped with an appropriate	PART 2	Date
thermometer and temperature shall be maintained at 45°F or lower.	<u>FUTURE PLAN</u>	2/16/20
FINDINGS Kitchen refrigerator thermometer read 42°F. However, digital thermometer read 52°F.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	In order for me not to repeat this same mistake again, I will do these things:	
	at least once a month to repeat my	
	memory. b) I will read my plan of correction and put it into action.	
	c) I will check the temperature of the refrigerator energely by looking	
	at the thermometer. 4) I will also check the thermometer	
	if it is working right by using another thermometer. It both thermome	•
	are reading the same, then I know for sure that the temperature of the refrige	erator
	& correct.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
RULES (CRITERIA) §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1, APRN orders dated November 9, 2019 read: • "Hydrochlorothiazide 12.5mg 1 po daily Hold if BP <100" • "Lisinopril 20 mg 1 po daily for BP <100" November 2019 - February 2020 medication records indicate blood pressure >100 and medications were held. However, daily blood pressures were not documented.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Completion Date

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\times	§11-100.1-15 <u>Medications.</u> (e)	PART 2	Date
	All medications and supplements, such as vitamins,	rari 2	
	minerals, and formulas, shall be made available as ordered by a physician or APRN.	<u>FUTURE PLAN</u>	2/15/20
	<u>FINDINGS</u>	HSE THIS SDACE TO EVEL ADVISOR TO THE	
	Resident #1, APRN orders dated November 9, 2019 read:	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
	• "Hydrochlorothiazide 12.5mg 1 po daily Hold if BP <100"	PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	• "Lisinopril 20 mg po daily for BP <100" November 2019 – February 2020 medication records	In order for me not to repeat this same	
	indicate blood pressure > 100 and medications were held. However, <u>daily</u> blood pressures were not documented.	mistake again I will do these things:	
	end pressures were not documented.	a) I will read my list of defficiencies	
		at least once a month to refresh my	
		b) I will read my plan of correction and	
		put it into action	
		c) I will bringout the residents book	
		at the same time I bringent the	
		residente medianes. Loon es 2	
		got the residents B/P & will sign	
		document it night away, then do the	
		rightaction to give or to hold the medicine	-
	ł	Then I will document the other medical	(/~= -
		right after administering the medications.	
		e) I will document the B/P reading	
<u></u>		daily just like the medications are	

The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; FINDINGS PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY A report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; A rande an appointment for PE and	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
PE form and the Diet Form and signefit. I gut the PE form on the residents binder.	§11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; FINDINGS Resident #1, admitted on November 1, 2019, no physical	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes. I called the PCP for vaident #1 and made an appeintment for PE and diet orders. Her PCP came on 2/15/20 and checked resident #1. Filled out the PE form and the Diet Form and signefit. I put the PE form on the resident.	Date 2-15/20

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
 	LE III OF COMBETION	Date
§11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual	PART 2	Date
records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:	<u>FUTURE PLAN</u>	2/15/20
A report of a recent medical examination and current diagnosis taken within the preceding twelve months and	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT	
report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;	IT DOESN'T HAPPEN AGAIN?	
FINDINGS	mistake again I will do these things	
Resident #1, admitted on November 1, 2019, no physical examination.	In order for me not to repeat this same mistake again I will do these things: a) I will read my list of deficiencies at least once a month to repeat my memory. b) I will read my plan of correction and put into action. c) I will read the check list for admission and prepare all the required forms including II form.	
	it into action.	
	and prepare all the required forms	
	including PE form. d) & will give years forms to be filled out by the PCP.	
	e) I will not admit a new resident	
	e) I will not admit a new resident untill all these admission forms are correctly and completely signed FCP.	
	and and the same	
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 RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-100.1-17 Records and reports. (a)(6) The licensee or primary core gives shall a sixty in the licensee of primary core gives shall a sixty in the licensee of primary core gives shall a sixty in the licensee of primary core gives a licensee of the licensee of primary core gives a licensee of the lic	PART 1	Date
The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:	DID YOU CORRECT THE DEFICIENCY?	2/15/20
•	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
FINDINGS Resident #1, admitted on November 1, 2019, no diet order.	CORRECTED THE DEFICIENCY Yes, I called the PCP for resident # I and made an appointment for PE and diet orders Her PCP came on It # 300 and checked resident #1. The fillefont the PE form and Diet form and signed, I put the Diet form on the resident's binder.	
•	and checked resident #1. The filler out the PE form and Diet form and signed,	7.
	I put the Duet form on the residente binder.	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
K-2			Date
	§11-100.1-17 Records and reports. (a)(6)	PART 2	
	The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or		
	transfer of a resident there shall be made available by the	<u>FUTURE PLAN</u>	215 20
	licensee or primary care giver for the department's review:		,,- ,
	J. J. Sever was aspending	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
	Physician or APRN signed orders for diet, medications, and	PLAN: WHAT WILL YOU DO TO ENSURE THAT	
	treatments;	IT DOESN'T HAPPEN AGAIN?	
	FINDINGS		
	Resident #1, admitted on November 1, 2019, no diet order.	In order for me not to repeat this same	
1	reserve with admitted on Provenion 1, 2019, no dictorder.	metake again, I will do these things.	
		mietake again, I will to these things: a) I will read my list of defficiencies at least	
		once a month to refresh my memory.	
		b) I will read my olon of correction and pat it	
i i		b) I will read my plan of correction and patist	
		into action c) I will read the check list for admission and prepare all the required forms including Diet order form. d) I will give these forms to be filled or	
[c) & much head for once in a	
	i	and prepare all the region of forms including	j
		Diet order torm.	
	:	ill aims these forms to be filled o	7
		a) & many your	
		e) I will not admit a new resident until all these admission forms	
		e) of will not well to	
		intile all these admission forms	
		the second state of	
		are correctly and completely signed by his/her PCP.	
1		his/her PCP.	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; FINDINGS	PART 1	
Resident #1, APRN order dated January 15, 2020 read, "Telephone order Daily dressing changes to L elbow and L shoulders skin tears. Clean with wound cleanser, pat dry apply mupirocin ointment and dry dressing and secure with tape." However, no documentation treatment was administered.		
	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future	
	plan is required.	

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ĺ	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
KZ	\$11 100 1 17 p		Date
	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include:	PART 2	
į	Buring residence, records snarr include:		م ارداء -
1	Entries describing treatments and services rendered;	FUTURE PLAN	2 15 20
	and selfices felidered,		
	FINDINGS	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
	Resident #1, APRN order dated January 15, 2020 read,	PLAN: WHAT WILL YOU DO TO ENSURE THAT	
	"Telephone order Daily dressing changes to L elbow and L	IT DOESN'T HAPPEN AGAIN?	
	shoulders skin tears. Clean with wound cleanser, pat dry apply mupirocin ointment and dry dressing and secure with	In order for me not to repeat this same mista	ا
	tape." However, no documentation treatment was		44
	administered.	again, I will do these things:	v
		a) I will read my hat of deficiencies at less	ſ
		once a month to refresh my memory.	
		b) & will read my plan of correction and	
		put it into action.	
		The topic because:	
	·	c) whenever there is a doctor's order , I will	
]]		follow it and document it right away,	
		not only on the progress notes but also	
		on the medication administration record.	
		(d) I follow the guidelines for the fine	
		righte of administering medication, to]
		1 ' 71 11 '	
		the treatment as ordered by the PCP, and	
		document it as soon as it is done.	
		a) Put back the residents book and	
1		of the solicing and the sol	
		the resident's medicine on the secured	
- 1	,	place right after each use.	
-		12000	
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	RULES (CRITERIA)		·
	ROLES (CRITERIA)	PLAN OF CORRECTION	Completion
	§11-100.1-17 Records and reports. (f)(3)	PART 1	Date
1	General rules regarding records:	raki i	
	An area shall be provided for safe and secure storage of	DID YOU CORRECT THE DEFICIENCY?	2/14/20
1	resident's records which must be retained in the ARCH for	232 TOO COMMENT THE DEFICIENCY!	1. 1.
	periods prescribed by state law;	USE THIS SPACE TO TELL US HOW YOU	
]]	FINDINGS	CORRECTED THE DEFICIENCY	
	Resident records unsecured in downstairs closet.	• I	
		Yes. I moved the box which contains all the residents books of records in a secured place where it is locked.	
		all the residente books of records on	
		a somed slave where it is locked	
		se person pro se	
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-	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
K-3			Date
	§11-100.1-17 Records and reports. (f)(3)	PART 2	
	General rules regarding records:		
	An area shall be seen that a good	FIITIDE DI AN	2/14/15
	An area shall be provided for safe and secure storage of	<u>FUTURE PLAN</u>	01.410
	resident's records which must be retained in the ARCH for periods prescribed by state law;	TIGE TIME OR A CO TO THE AVERAGE AND A SECOND AND A SECOND ASSESSMENT AND A SECOND ASSESSMENT ASSES	
ł	periods preserioed by state law,	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
	FINDINGS	PLAN: WHAT WILL YOU DO TO ENSURE THAT	
	Resident records unsecured in downstairs closet.	IT DOESN'T HAPPEN AGAIN?	
	and the state of t	In order for me not to repeat this same	
		mistake again, I will do these things:	
		middle again, a protect of flate protect of	.0
		a) & will read my list of deflicencies at los	4
		ance a month to refresh my memory.	
		b) I will read my plan of correction and	
		1 /	
		put it into action.	
		c) I will always put the book of records	
			<i>†</i>
1 1		residents finder and Carettone	
	!	binder into the secured area at all	
		fines. If I need to bring the the tooks	الم
1			,
		because Im documenting or reading their	
		records. I will out it back night answ	
		to the secured area as poon as In done	
		ا م هم لا ا	2
j		I will always keep the residents record	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\$11-100.1-88 Case management qualifications and services. (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who: FINDINGS Resident #2, recently admitted to hospice, and unable to feed self, ambulate, is incontinent — no case manager or case		Date N/A
management waiver request.	@ 3:00 PM on 2/15/20.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-88 Case management qualifications and services. (a)	PART 2	2/15/20
	Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual	<u>FUTURE PLAN</u>	
	resident's needs based on a comprehensive assessment.	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
	Case management services shall be provided by a registered nurse who:	PLAN: WHAT WILL YOU DO TO ENSURE THAT	
		IT DOESN'T HAPPEN AGAIN?	
	FINDINGS Resident #2, recently admitted to hospice, and unable to	In order for me not to repeat this same	•
	feed self, ambulate, is incontinent – no case manager or case management waiver request.	motake again I will do these things; a) will head my but of defliciencies at less	7
	The state of the s	to so head my membry.	
		b) I will read my plan of correction and	
		put it into action.	
		c) It I face the same intuation again, in the future, I will notify my surse	
		consultant immediately to seek for guidance and advise. I will follow her advice.	
		a line & will follow her abuice.	•
		d) I will get a CM for the resident while	
		In requesting a case management wainer if the resident is on Hospice Care.	1
:		if the resident is on Hospice Care.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-88 Case management qualifications and services. (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Review the care plan monthly, or sooner as appropriate; FINDINGS Resident #1, care plan last reviewed December 1, 2019.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes. I called the CM for resident #1 and folk her about the care plan situation like came to my Care Home and corrected the deficiency by pulling a new care plan for the month of January 2020. The care plan is placed on the resident #1 binder.	2/17/20

RULES (CRITERIA) \$11-100.1-88 Case management qualifications and services. (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or	Completion Date
(c)(3) Case management services for each expanded ARCH	2/12/20
Case management services for each expanded ARCH	1 2 12 120
resident shall be chosen by the resident, resident's family or	12/17/20
	, ,
surrogate in collaboration with the primary care giver and	
physician or APRN. The case manager shall: USE THIS SPACE TO EXPLAIN YOUR F	
Review the care plan monthly, or sooner as appropriate; PLAN: WHAT WILL YOU DO TO ENSUR	E THAT
II DOESN I HAFFEN AGAIN:	-0 -7
Resident #1, care plan last reviewed December 1, 2019.	ne metake
again, of the first first	
a) I will read my list of deflicience	
a month at best to refresh my men	rosy.
b) I will read my plan of correction	C. A
Out it into action.	. [
c) Everytime the CM comes and chec	k on the
mind to all the	0. 1. 1
resident, I need to sit down with a	e valen
to her as she discuss to me the c	
d) I will put the care plan and o	fler
documenta in the residenta bind	ler atten
	7-1
both of us has signed.	
e) I will also let the resident.	ug the
care plan, but if the resident is	un-able
to, Ill let the POA of the resident	It to sign
100 +	"
the document in her behalf.	

Licensee's/Administrator's Signature: <u>Evangeline</u> <u>D. Reyes</u> <u>Jessie S. Reyes</u>

Print Name: <u>Evangeline</u> <u>D. Reyes</u> <u>Jessie F. Reyes</u>

Date: <u>March</u> 01, 2020